

**Staple Issue Slip Here**

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER		11-14-96
TYPIST		11-14-96
VERIFIER		11-14-96
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## **INDEX OF CLAIMS**

Claim	Date
Final	
Original	
1	6/1
2	9/98
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BEST AVAILABLE COPY

## SYMBOLS

- |                    |              |
|--------------------|--------------|
| ✓                  | Rejected     |
| =                  | Allowed      |
| - (Through number) | Canceled     |
| +                  | Restricted   |
| N                  | Non-elected  |
| I                  | Interference |
| A                  | Appeal       |
| O                  | Objected     |

Claim	Date
Final Original	
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